

Form - *Notice of Request for Reconsideration*

INSTRUCTIONS

This form which consists of a cover sheet with a number of schedules should be used to initiate a formal administrative review of the Division's findings (official action) issued after an informal conference. The form, along with the relevant supporting schedules, must be filed within 30 days of the provider's receipt of the Official Action. If no timely Notice of Request for Reconsideration is filed, the provider is not entitled to further administrative review of the Official Action for the period in question. (V.P.N.M.I.R. §11.3)

The provider must list each disputed adjustment or other alleged error and provide a clear statement of the nature of the error. No issue which was not included on the *Request for Informal Conference* form can be the subject of a Request for Reconsideration and therefore should not be included on this form.

Issues not included on this form cannot be raised later in the Request for Reconsideration proceedings, or in any subsequent review or appeal of the funding application findings. (V.P.N.M.I.R. §11.3(d))

Cover sheet (Form 96-7.3F): All parts of the cover sheet must be completed, except for the spaces reserved for the Division. The provider must indicate if it requests a hearing and whether it wants sworn testimony from relevant members of the Division's staff. Regardless of whether or not a hearing is requested, the provider must complete the *Statement of Claim*. If no hearing is requested, the provider must also complete the *Exhibit List* and the *Adjustment Sheet*

Statement of Claim (Form 96-7.4F): The provider must complete one copy of the *Statement of Claim* for each issue listed on the form *Notice of Request for Reconsideration*. The provider must include a clear statement of the alleged error and an explanation of the remedy requested, showing how the error should be corrected. The provider must include a detailed description of the facts and law supporting its position, including cites to the relevant statutes, rules, regulations, or other authorities, such as the Provider Reimbursement Manual (HCFA Publication 15, also known as HIM-15) or GAAP.

Form - Notice of Request for Reconsideration (cont.)

Exhibit List (Form 96-7.5F): The provider should list on this form the documents or other materials that it is submitting in support of its position. The materials should be labeled with exhibit numbers and listed according to the issue to which they are related. This form need not be filed if a hearing has been requested. However, providers should be prepared to bring to the hearing the material which would otherwise have been submitted with this form.

Adjustment Sheet (Form 96-7.6F): On this form, the providers should include the disputed adjustment as shown on the Division's findings and then show the provider's proposed changes to the findings. For instance, if the Division has made a \$10,000 disallowance (negative adjustment) and the provider claims that no disallowance was appropriate, the provider should enter zero in the column "Provider's Proposed Revision".

The provider should include all work papers necessary to support the proposed calculations. This form need not be filed if a hearing has been requested. However, providers should be prepared to bring to the hearing the material which would otherwise have been submitted with this form.

Effective: May 22, 1996

s/ *Ruth A. Rivers*

Ruth A. Rivers
Director

Agency of Human Services
Division of Rate Setting
103 South Main Street
Waterbury, Vermont 05671-2201

Notice of Request for Reconsideration

IMPORTANT: This request with the supporting information required by V.P.N.M.I.R. §11.3(c) must be filed (received) at the Division of Rate Setting within 30 days of the receipt by the provider of the *Official Action*.

The form *must* have the following schedules:

STATEMENT OF CLAIM: a clear statement of the alleged errors and of the remedy requested with a detailed description of the facts and law supporting the claim (V.P.N.M.I.R., HCFA-15, etc.); one schedule must be filed for each error claimed on the *Notice of Request for Reconsideration*.

If a hearing is *not* requested, you must also file the following schedules:

EXHIBIT LIST: evidence to support the provider's claims.

ADJUSTMENT SHEET: a proposed revision of the Division's calculations with supporting work papers.

<div>Provider Name _____</div> <div>for the funding year _____</div>	<div>Pursuant to V.P.N.M.I.R. §11.3(a), I hereby Request Reconsideration of the following findings made by the Division or Rate Setting:</div>
<div>Do you request a hearing?</div> <div>G Yes. If yes, do you want staff from the Division to testify. G Yes. G No.</div> <div>G No. (If you check this box, you must file an <i>Exhibit List</i> and an <i>Adjustment Sheet</i>)</div>	<div>I have attached the following schedules:</div> <div>G STATEMENT OF CLAIM: number of forms filed ____.</div> <div>G EXHIBIT LIST</div> <div>G ADJUSTMENT SHEET</div>
<div>I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.</div> <div>Signature: _____</div> <div>Date: _____</div>	<div>Name and Address of Representative:</div> <div> </div> <div>Telephone No.: _____</div>

If a hearing is requested, the Division of Rate Setting will contact the provider's representative to arrange a mutually convenient time.

<div>For Division of Rate Setting use only.</div> <div>Form filed on: _____ (date stamp)</div>	<div>If hearing requested, representative contacted on _____ by _____.</div> <div>Hearing scheduled for: Date _____ Time _____</div> <div>Place _____</div> <div>Presiding: G Director G Designee _____</div> <div>cc: Provider's Representative on _____.</div>
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Statement of Claim

(Request for Reconsideration)

Important: One form *must* be filed for each disputed adjustment.

Adjustment No.	Provider Name _____ for the funding year _____
Statement of Alleged Error	
Statement of Remedy Requested	
Detailed Description of the Facts and Law Supporting the Claim of Error	

You may use additional sheets, if necessary. Are additional sheets attached? ☐ No. ☐ Yes. If yes, how many? _____

Exhibit List

(Request for Reconsideration)

This form need not be filed if a hearing has been requested. Each document attached to this form should be clearly marked with an Exhibit Number which corresponds to this list.

Provider Name _____ for the funding year _____

Adjustment No.	Exhibit No.	Description of Documents and other Supporting Materials Attached

You may use additional sheets, if necessary. Are additional sheets attached? **G** No. **G** Yes. If yes, how many? _____

Adjustment Sheet
(Request for Reconsideration)

This form need not be filed if a hearing has been requested.

Provider Name _____ for the funding year _____

Provider's Proposed Revision of the Division's Calculations with Supporting Work Papers.

Adjustment No.	Division's Disputed Adjustment	Provider's Proposed Revision	Provider's Supporting Work Papers (references as set out in Exhibit List)
You may use additional sheets, if necessary. Are additional sheets attached? G No. G Yes. If yes, how many? _____			